



CONTRACTOR'S REGISTRATION

CONTRACTOR'S REGISTRATION WITH THE CITY OF MARGATE BUILDING DEPARTMENT

COMPANY NAME: _____

QUALIFIER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PH: _____ ext: _____ FAX #: _____

MOBILE PH: _____ LIC#: _____

EMAIL: _____

Please provide a copy of state license and/or certificate of competency with state registration, if applicable, a copy of the Workers' Compensation (or proof of exemption) and General Liability insurance certificates.

Please ensure that the City of Margate is listed as the certificate holder.

These documents can be emailed directly to the Building Department at
building@margatefl.com.